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REPORT OF RECEIPTS AND DISBURSEMENTS

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	For An Authorized Committee			Office Use Only	
1. NAME OF COMMITTEE (in	TYPE OR PRINT		xample: If typing, type ver the lines.	12FE4M5	
Cory Booker f ADDRESS (number a Check if di than previoreported. (r	PO Box 32237 Ind street) Ifferent Inusty Inustry Inu	CITY A		NJ 07102 STATE AMENDED	ZIP CODE STATE V DISTRICT
4. TYPE OF RE (a) Quarterly F April 1 July 15 October	PORT (Choose One)	Election or	(N) OR E-Election Report for the: Primary (12P) Convention (12C) MMM / DVD ST-Election Report for the General (30G)	General (12G) Special (12S) / / / / / / / / / / / / / / / / / / /	in the State of Special (30S)
5. Covering Period I certify that I have of Type or Print Name Signature of Treasur	examined this Report and to of Treasurer Scott Kobler	bul A	through 06 nowledge and belief it is ith Zawwe	true, correct and con	State of
NOTE: Submission of Office Use	false, erroneous, or incomple	te information may	subject the person signing	F	representation of 2 U.S.C. §437g. FEC FORM 3 (Revised 02/2003)